

Port of Barrow Island - Declaration of Security



For use between Port Facility and Ship

Prerequisite	Information
Name of Ship:	
Port of Registry:	
IMO Number:	
Name of Port Facility:	

This Declaration of Security is valid from untilfor the following activities (*list the activities with relevant details*) under the following security levels.

Security Areas	Level
Security Level for Ship:	
Security Level for Port Facility:	

Relevant Details:

.....

The Port Facility and Ship agree to the following security measures and responsibilities to ensure compliance with the requirements of Australian maritime security legislation.

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	The affixing of the initials of the SSO or PSO under these columns indicates that the activity will be done, in accordance with relevant approved plan, by	
Activity	The Port Facility:	The Ship:
Ensuring the performance of all security duties		
Monitoring restricted areas to ensure that only authorised personnel have access		
Controlling access to Port Facility		
Controlling access to the Ship		
Monitoring of Port Facility, including areas surrounding the Ship		
Monitoring of the Ship, including berthing areas and areas surrounding the Ship		
Handling of cargo		
Delivery of the Ship's stores		
Handling unaccompanied baggage		
Controlling the embarkation of persons and their effects		
Ensuring that security communication is readily available between the Ship and Port Facility		

The signatories to this agreement certify that security measures and arrangements for both the Port Facility and the Ship during the specified activities meet the provisions of Australian maritime security legislation will be implemented in accordance with the provisions already stipulated in their approved plan(s) or the specific arrangements agreed to and set out in the attached annex.

Dated at Location..... on the

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Signed for and on behalf of:	
The Port Facility:	The Ship:
(Signature of Port Security Officer)	(Signature of Master or Ship Security Officer)
Name and Title of person who signed:	
Name:	Name:
Title:	Title:

Contact Details: (to be completed as appropriate. I indicate the telephone numbers, radio channels or other means of communications)	
For the Port Facility:	For the Ship:
Port Facility	Master
Port Security Officer	Ship Security Officer
	Company
	Company Security Officer